

School plan for sickle cell disease care

This handout tells your child's daycare or school staff how to care for sickle cell disease. Your child's doctor should help make this plan. Share this plan with your child and your child's teacher, school nurse, or daycare staff. Be sure your child's school or daycare staff has the proper permissions to assist with sickle cell disease medicines and care.

Important contacts

- Parent or caregiver name and phone number:

- Doctor name and phone number:

- Other people who can help names and phone numbers:

- Emergency care name and phone number:

Be aware of sickle cell triggers.

- Not getting enough to drink
- Doing hard physical activity
- Caffeine can cause loss of fluids from the body. Caffeine is in coffee, tea, energy drinks, many soft drinks, and chocolate.
- Fever or stress

How to help if symptoms start

- Give extra fluids while child is active.
- Learn ways to help child manage stress, like taking a time-out or taking deep breaths.

When to call a parent or caregiver

- Child has new or worse pain.
- Skin or eyes look yellow (jaundice).

- Child has foot or leg sore that is new.

When child should get emergency help

- Signs of sickle cell crisis
 - Chest pain that comes on quickly. This may happen with coughing up blood, or the cough may be dry.
 - Bone or joint pain that comes on quickly
 - Severe stomach pain or stomach swelling. This may happen with upset stomach (nausea), throwing up (vomiting), or loose stools (diarrhea).
- Sudden trouble breathing
- Seizure (body shaking, staring, eyes rolling)
- Signs of having a heart attack or stroke

This information is general in nature and may not apply to you or your condition. Talk to your doctor or nurse about how to best use this information and how to take care of your medical condition. Be sure to ask your doctor or nurse any questions you might have. This information sheet is not intended to provide or replace professional medical advice, diagnosis, or treatment.

Patient or Caregiver:

Signature: _____ Date: _____

Nurse:

Signature: _____ Date: _____